FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasimigton, D.O. 20045	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
ı	hours nor resnance.	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SEBULSKY ALAN				2. Issuer Name and Ticker or Trading Symbol JAZZ PHARMACEUTICALS INC [JAZZ]							ː] (Ch	eck all applic	cable) or	g Pers	Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) C/O JAZZ PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/04/2011								below)	(give title		Other (s below)	респу	
3180 PORTER DRIVE (Street) PALO ALTO CA 94304				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	-	(Zip)	Derivat	tive S	ecurities	S Acc	nuired D	isno	nsed o	f or Rei	neficiall	v Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			2. Transac	ction 2A. Deemed Execution Date,		Code (Instr. 5)			ed (A) or	5. Amou Securitie Beneficia	ount of 6. Fo cially (D) Following (I)		orm: Direct () or Indirect ((Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	/ F	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ction(s)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	nsactior de (Instr			6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de V	(A)		Date Exercisable		piration te	Title	Amount or Number of Shares					
Option (right to buy)	\$34.99	11/04/2011		A		12,500		(1)	11/0	04/2021	Common Stock	12,500	\$0	12,500	0	D	
Phantom Stock	(2)	11/04/2011		A		715		(2)		(2)	Common Stock	715	\$34.95	16,079	9	D	

Explanation of Responses:

- 1. The option shares shall vest in a series of twelve (12) successive equal installments upon completion of each month of Continuous Service (as defined under the Issuer's Amended and Restated 2007 Non-Employee Directors Stock Option Plan) over the one (1)-year period measured from August 15, 2011.
- 2. Each share of phantom stock is the economic equivalent of one share of the Issuer's common stock. The shares of phantom stock become payable in common stock upon the earlier to occur of the tenth (10th) business day following (i) the Reporting Person's separation from service as a director or (ii) a Change of Control (as defined under the Issuer's Amended and Restated Directors Deferred Compensation Plan).

Remarks:

/s/ Carol A. Gamble as attorney-in-fact for Alan

11/08/2011

Date

<u>Sebulsky</u>

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.